Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical Revised April 1999

Community Right-to-Know ID #: (REQUIRED INFORMATION)

Page 1 of

Nevised April 1999	(ILCOINED	IIII OIIIIA IIOII,		raye i oi	
Name UBI/DOR#:		Owner/Operator Name Name Phone (
Name					
Address County County	State 7in	City		State Zip	
Latitude Longitu	Juda				
	iue	FAX ()		EMAIL:	
SIC Code Dun Bradstreet No		Emergency Contact			
Mailing Address	ing Address		NameTitle		
Must be included Name		Phone (24-hr. Phone ()		
if different from Street		Name		Title	
Facility Address PO BoxCity	State Zip	Phone (24-hr. Phone (
Important: Read all instructions before completing form.	Reporting Period: From J	d: From January 1 to December 31,		Check if information below is identical to the information submitted last year.	
Chemical Description	Physical and Health		Storage Codes	Storage Locations	
Onomour Boschption	Hazards	INVENTORY	Container	(Non-Confidential)	
	(check all that apply)	I III III III	Type Pressure Temperat		
CAS Trade	Secret				
	Fire	Max. Daily Amount (code)			
Chem. Nam	Sudden Release			***************************************	
······································	of Pressure	Avg. Daily			
EHS Name	Reactivity	Amount (code)			
	Immediate (acute	No. of Days			
Check all		On-site		***************************************	
that apply Pure Mix Solid Liquid Gas EHS	Delayed (chronic)				
CAS	Secret Fire	Max. Daily			
Chem. Nam		Amount (code)			
CHEITI, IVAITI	Sudden Release of Pressure	Avg. Daily		***************************************	
EHS Name	Of Fressure	Amount (code)			
LIIO Naille	Reactivity				
Observation of the state of the	Immediate (acute	No. of Days On-site			
Check all	Delayed (chronic)	on oits			
that apply Pure Mix Solid Liquid Gas EHS	Bolayea (emonie)				
CAS	Secret	Max. Daily			
Chem. Nam	Contribute Balance	Amount (code)			
	Sudden Release of Pressure	Avg. Daily			
EHS Name		Amount (code)			
LITO IVAITIO	Reactivity	No. of Days			
	Immediate (acute	On-site			
Check all	Delayed (chronic)	011 0110			
that apply Pure Mix Solid Liquid Gas EHS	Delayed (chronic)				
Certification (Read and sign after completing all sections)				OPTIONAL ATTACHMENTS	
I certify under penalty of law that I have personally examined and a	am familiar with the information submitted in	pages one thru , and that	based on my inquiry of these		
individuals responsible for obtaining the information, I believe that	the submitted iinformation is true, accurate,	and complete.		I have attached a list of site coordinate	
				abbreviations	
Name and official title of owner/operator's authorized representative	e Signature		Date Signed	I have attached a description of dikes and other safeguard measures	

Facility ID#	TIER TWO CONTINUA	TION FORM		5 (
Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes Container Type Pressure Temperature	Page of Storage Locations (Non-Confidential) Please Print
Chem. Nam EHS Name Check all	Fire Sudden Release of Pressure Reactivity Immediate (acut Delayed (chronic	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site		
CAS Trade Secret Chem. Nam EHS Name Check all	Fire Sudden Release of Pressure Reactivity Immediate (acut Delayed (chronic	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site		
CAS Trade Secret Chem. Nam EHS Name Check all that apply Pure Mix Solid Liquid Gas EHS	Fire Sudden Release of Pressure Reactivity Immediate (acute Delayed (chronic	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site		
CAS Trade Secret Chem. Nam EHS Name Check all that apply Pure Mix Solid Liquid Gas EHS	Fire Sudden Release of Pressure Reactivity Immediate (acut Delayed (chronic	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site		
CAS Trade Secret Chem. Nam EHS Name	Fire Sudden Release of Pressure Reactivity	Max. Daily Amount (code) Avg. Daily Amount (code)		

Immediate (acut

Delayed (chronic

Check all that apply

Pure Mix Solid Liquid Gas EHS

No. of Days On-site